



(818) 848-9200 (212) 675-4600

Fax: (866) 690-6361

- Change of Address (Complete Section A)
- Change of Exemptions (Complete Section A & Form W-4)
- Rate Change (Complete Section A)

SECTION A PLEASE PRINT CLEARLY OR PAYMENT COULD BE DELAYED

PRODUCTION COMPANY PICTURE/PROJECT COST CODE

H3 EXPORTS LLC

HATCHET 3

EMPLOYEE NAME S.S.# START DATE OCCUPATION UNION

Felipe Sarahge/Savahge Film Inc

594-24-7660

5/30

STUNT

SAG

EMPLOYEE ADDRESS NO. STREET APT.#

P.O. BOX 251634

CITY STATE ZIP

LOS ANGELES CA 90025

PHONE BIRTHDAY SEX

(310) 650-7930

M F

\$35.00 WILL BE CHARGED FOR REPLACEMENT CHECKS

CHECK ONE: UNION NON UNION

RATE OF PAY: \$ 268 PER: HOUR DAY WEEK

GUARANTEED HOURS PER: HOUR DAY WEEK

ADDITIONAL COMPENSATION OR DEALS:

GUARANTEED WORK HOURS

Guaranteed work hours available each week are / day
Overtime to be computed at base overtime rate of per hour

AGREED EMPLOYEE SIGNATURE AUTHORIZED SIGNATURE

X [Signature] X

FORM W-4 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

INSTRUCTIONS AND WORKSHEET ARE AVAILABLE FROM THE PRODUCTION OFFICE

1. Single Married Married, but withhold at higher Single rate

2. If your last name differs from your social security card, check here and call 1-800-772-1213 for more information

3. Total number of allowances you are claiming

3

4. Additional amount, if any, you want withheld from each paycheck

4

5. I claim exemption from withholding for the current year of and I certify that I meet BOTH of the following conditions of the exemption:

- Last year I had a right to a refund of ALL Federal Income tax withheld because I had NO tax liability; AND
- This year I expect a refund of ALL Federal Income tax withheld because I expect to have NO tax liability.

If you meet both conditions, enter "EXEMPT" here

5

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's Signature DATE 20

EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9)

LAST NAME FIRST MIDDLE BIRTH NAME BIRTH DATE

STREET ADDRESS CITY STATE ZIP SOCIAL SECURITY NUMBER

I attest, under penalty of perjury, that I am (check box):

- 1. A citizen or national of the United States.
- 2. An alien lawfully admitted for permanent residence (Alien Number A)
- 3. An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A), or

Admission number, expiration of employment authorization, if any

I attest under the penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

EMPLOYEE SIGNATURE DATE PREPARER TRANSLATOR CERTIFICATION (to be completed if prepared by person other than the employee) I attest under penalty of perjury that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge. TRANSLATOR SIGNATURE PRINT NAME ADDRESS

EMPLOYER REVIEW AND VERIFICATION: Instructions: examine one document from List A and check the appropriate box or examine one document from list B and one from List C and check the appropriate boxes. Provide the Document Identification Numbers and Expiration Dates for the documents checked.

List A

Documents that Establish Identity and Employment Eligibility

- 1. U.S. Passport (unexpired or expired)
- 2. Certificate of United States Citizenship
- 3. Certificate of Naturalization
- 4. Unexpired Foreign Passport with attached Employment Authorization
- 5. Alien Registration Card with Photograph

Document Identification

Expiration Date: (If any)

List B

Documents that Establish Identity

- 1. A State issued driver's license or a State issued I.D. Card with a photograph, or information, including name, sex, date of birth, height, weight and color of eyes
- 2. U.S. Military Card
- 3. For minors under the age of 16, School ID with photo
- 4. Other (Specify document and issuing authority)

Document Identification

Expiration Date: (If any)

List C

Documents that Establish Employment Eligibility

- 1. Original Social Security Card (other than card stating it is not valid for employment)
- 2. Birth Certificate issued by State, county or municipal authority bearing a seal or other certification
- 3. Unexpired INS Employment Authorization (Specify Form)

Document Identification

Expiration Date: (If any)

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be

EXAMINER'S SIGNATURE

TITLE

DATE

EMPLOYER



LOS ANGELES (818) 848-9200

NEW YORK (212) 675-4600

Fax: (866) 690-6361

- New Employee (Complete ALL Sections)
- Change of Address (Complete Section A)
- Change of Exemptions (Complete Section A & Form W-4)
- Rate Change (Complete Section A)

SECTION A PLEASE PRINT CLEARLY OR PAYMENT COULD BE DELAYED

PRODUCTION COMPANY H3 EXPORTS LLC		PICTURE / PROJECT HATCHET 3		COST CODE	
EMPLOYEE NAME Zach Gowen		S.S.# 373-06-0319	START DATE 5/30	OCCUPATION STUNT	UNION SAG
EMPLOYEE ADDRESS NO. STREET APT. # 3607 Hamm Dr #204	CITY STATE ZIP Wayne MI 48184		CHECK ONE: <input checked="" type="radio"/> UNION <input type="radio"/> NON UNION		
PHONE (734) 718-0886	BIRTHDAY 3/30/83	SEX F	RATE OF PAY: \$ 268 PER: <input type="checkbox"/> HOUR <input checked="" type="checkbox"/> DAY <input type="checkbox"/> WEEK		
\$35.00 WILL BE CHARGED FOR REPLACEMENT CHECKS			GUARANTEED HOURS _____ PER: <input type="checkbox"/> HOUR <input type="checkbox"/> DAY <input type="checkbox"/> WEEK		
GUARANTEED WORK HOURS Guaranteed work hours available each week are _____ / day Overtime to be computed at base overtime rate of _____ per hour			ADDITIONAL COMPENSATION OR DEALS:		
AGREED EMPLOYEE SIGNATURE X [Signature]		AUTHORIZED SIGNATURE X [Signature]			

FORM W-4 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

INSTRUCTIONS AND WORKSHEET ARE AVAILABLE FROM THE PRODUCTION OFFICE

1. Single Married Married, but withhold at higher Single rate
 Note: If married, but legally separated, or spouse is a non resident alien, check the single box

2. If your last name differs from your social security card, check here and call 1-800-772-1213 for more information.

3. Total number of allowances you are claiming _____

4. Additional amount, if any, you want withheld from each paycheck _____

5. I claim exemption from withholding for the current year of _____ and I certify that I meet BOTH of the following conditions of the exemption:
 • Last year I had a right to a refund of ALL Federal Income tax withheld because I had NO tax liability; AND
 • This year I expect a refund of ALL Federal Income tax withheld because I expect to have NO tax liability.
 If you meet both conditions, enter "EXEMPT" here _____

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's Signature **X [Signature]** DATE _____ 20__

EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9)

LAST NAME Gowen	FIRST Zachary	MIDDLE Mark	BIRTH NAME	BIRTH DATE 3/30/83
STREET ADDRESS 3607 Hamm Rd. #204		CITY Wayne	STATE MI	ZIP 48184
			SOCIAL SECURITY NUMBER 373-06-0319	

I attest, under penalty of perjury, that I am (check box):
 1. A citizen or national of the United States. 2. An alien lawfully admitted for permanent residence (Alien Number A _____)
 3. An alien authorized by the immigration and Naturalization Service to work in the United States (Alien Number A _____, or Admission number _____, expiration of employment authorization, if any _____)

I attest under the penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

EMPLOYEE SIGNATURE X [Signature]	PREPARER TRANSLATOR CERTIFICATION (to be completed if prepared by person other than the employee) I attest under penalty of perjury that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.	TRANSLATOR SIGNATURE PRINT NAME
DATE 6/1/12	ADDRESS	

EMPLOYER REVIEW AND VERIFICATION: Instructions: examine one document from List A and check the appropriate box or examine one document from list B and one from List C and check the appropriate boxes. Provide the Document Identification Numbers and Expiration Dates for the documents checked.

<p>List A Documents that Establish Identity and Employment Eligibility</p> <p><input type="checkbox"/> 1. U.S. Passport (unexpired or expired)</p> <p><input type="checkbox"/> 2. Certificate of United States Citizenship</p> <p><input type="checkbox"/> 3. Certificate of Naturalization</p> <p><input type="checkbox"/> 4. Unexpired Foreign Passport with attached Employment Authorization</p> <p><input type="checkbox"/> 5. Alien Registration Card with Photograph</p> <p>Document Identification _____</p> <p>Expiration Date: (If any) _____</p>	<p>List B Documents that Establish Identity</p> <p><input checked="" type="checkbox"/> 1. A State issued driver's license or a State issued I.D. Card with a photograph, or information, including name, sex, date of birth, height, weight and color of eyes</p> <p><input type="checkbox"/> 2. U.S. Military Card</p> <p><input type="checkbox"/> 3. For minors under the age of 16, School ID with photo</p> <p><input type="checkbox"/> 4. Other (Specify document and issuing authority) _____</p> <p>Document Identification 6500974585052</p> <p>Expiration Date: (If any) _____</p>	<p>List C Documents that Establish Employment Eligibility</p> <p><input type="checkbox"/> 1. Original Social Security Card (other than card stating it is not valid for employment)</p> <p><input type="checkbox"/> 2. Birth Certificate issued by State, county or municipal authority bearing a seal or other certification</p> <p><input type="checkbox"/> 3. Unexpired INS Employment Authorization (Specify Form) # _____</p> <p>Document Identification 373-06-0319</p> <p>Expiration Date: (If any) _____</p>
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CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and to relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

EXAMINER'S SIGNATURE X [Signature]	TITLE	DATE	EMPLOYER ABS Payroll
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(818) 848-9200 (212) 675-4600

Fax: (866) 690-6361

- Change of Address (Complete Section A)
- Change of Exemptions (Complete Section A & Form W-4)
- Rate Change (Complete Section A)

SECTION A PLEASE PRINT CLEARLY OR PAYMENT COULD BE DELAYED

PRODUCTION COMPANY H3 EXPORTS LLC		PICTURE / PROJECT HATCHET 3		COST CODE	
EMPLOYEE NAME GUY Fernandez		S.S.# 091-70-0641	START DATE 5/30	OCCUPATION ACTOR	UNION SAG
EMPLOYEE ADDRESS NO. STREET APT.# 6129 Catina St.		CHECK ONE: <input checked="" type="radio"/> UNION <input type="radio"/> NON UNION			
CITY New Orleans	STATE LA	ZIP 70124	RATE OF PAY: \$ 268 PER: <input type="checkbox"/> HOUR <input checked="" type="checkbox"/> DAY <input type="checkbox"/> WEEK		
PHONE (214) 477-6955	BIRTHDAY 03-10-1985	SEX M	GUARANTEED HOURS _____ PER: <input type="checkbox"/> HOUR <input type="checkbox"/> DAY <input type="checkbox"/> WEEK		
\$35.00 WILL BE CHARGED FOR REPLACEMENT CHECKS		ADDITIONAL COMPENSATION OR DEALS:			
GUARANTEED WORK HOURS Guaranteed work hours available each week are _____ / day Overtime to be computed at base overtime rate of _____ per hour					
AGREED EMPLOYER SIGNATURE X [Signature]		AUTHORIZED SIGNATURE X [Signature]			

FORM W-4 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE INSTRUCTIONS AND WORKSHEET ARE AVAILABLE FROM THE PRODUCTION OFFICE

1. Single Married Married, but withhold at higher Single rate
 Note: If married, but legally separated, or spouse is a non resident alien, check the single box.

2. If your last name differs from your social security card, check here and call 1-800-772-1213 for more information.

3. Total number of allowances you are claiming: **3** **99**

4. Additional amount, if any, you want withheld from each paycheck: **4**

5. I claim exemption from withholding for the current year of _____ and I certify that I meet BOTH of the following conditions of the exemption:
 • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability. AND
 • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability.
 If you meet both conditions, enter "EXEMPT" here: **5**

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's Signature **X [Signature]** DATE **05-31-2012**

EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9)

LAST NAME Fernandez	FIRST Guy	MIDDLE E.	BIRTH NAME	BIRTH DATE 03-10-1985
STREET ADDRESS 6129 Catina St.		CITY New Orleans	STATE LA	ZIP 70124
			SOCIAL SECURITY NUMBER 091-70-1041	

I attest, under penalty of perjury, that I am (check box):

1. A citizen or national of the United States. 2. An alien lawfully admitted for permanent residence (Alien Number A _____)

3. An alien authorized by the immigration and Naturalization Service to work in the United States (Alien Number A _____, or Admission number _____, expiration of employment authorization, if any _____)

I attest under the penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

EMPLOYER SIGNATURE X [Signature]	PREPARER TRANSLATOR CERTIFICATION (to be completed if prepared by person other than the employee) I attest under penalty of perjury that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.	TRANSLATOR SIGNATURE	PRINT NAME
DATE 05-31-2012		ADDRESS	

EMPLOYER REVIEW AND VERIFICATION: Instructions: examine one document from List A and check the appropriate box or examine one document from list B and one from List C and check the appropriate boxes. Provide the Document Identification Numbers and Expiration Dates for the documents checked.

<p>List A Documents that Establish Identity and Employment Eligibility</p> <p><input type="checkbox"/> 1. U.S. Passport (unexpired or expired)</p> <p><input type="checkbox"/> 2. Certificate of United States Citizenship</p> <p><input type="checkbox"/> 3. Certificate of Naturalization</p> <p><input type="checkbox"/> 4. Unexpired Foreign Passport with attached Employment Authorization</p> <p><input type="checkbox"/> 5. Alien Registration Card with Photograph</p> <p>Document Identification _____</p> <p>Expiration Date: (If any) _____</p>	<p>List B Documents that Establish Identity</p> <p><input checked="" type="checkbox"/> 1. A State issued driver's license or a State issued I.D. Card with a photograph, or information, including name, sex, date of birth, height, weight and color of eyes</p> <p><input type="checkbox"/> 2. U.S. Military Card</p> <p><input type="checkbox"/> 3. For minors under the age of 16, School ID with photo</p> <p><input type="checkbox"/> 4. Other (Specify document and issuing authority) 010271071</p> <p>Document Identification 010271071</p> <p>Expiration Date: (If any) 02-14-2014</p>	<p>List C Documents that Establish Employment Eligibility</p> <p><input checked="" type="checkbox"/> 1. Original Social Security Card (other than card stating it is not valid for employment)</p> <p><input type="checkbox"/> 2. Birth Certificate issued by State, county or municipal authority bearing a seal or other certification</p> <p><input type="checkbox"/> 3. Unexpired INS Employment Authorization (Specify Form) # 091-70-1041</p> <p>Document Identification 091-70-1041</p> <p>Expiration Date: (If any) _____</p>
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CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be

EXAMINER'S SIGNATURE	TITLE	DATE	EMPLOYER
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(818) 848-9200 (212) 675-4600

Fax: (866) 690-6361

- Change of Address (Complete Section A)
- Change of Exemptions (Complete Section A & Form W-4)
- Rate Change (Complete Section A)

SECTION A PLEASE PRINT CLEARLY OR PAYMENT COULD BE DELAYED

PRODUCTION COMPANY #3 EXPORTS LLC		PICTURE / PROJECT Hatchet 3		COST CODE	
EMPLOYEE NAME ERIC STRATEMEIER		S.S.# 384-13-7508		START DATE 5/30/12	OCCUPATION STUNT
EMPLOYEE ADDRESS NO. STREET APT.# 338 OAK AVE UNIT C		CITY STATE ZIP HARAHAN LA 70123		CHECK ONE: <input checked="" type="radio"/> UNION <input type="radio"/> NON UNION	
PHONE (298) 991-1708	BIRTHDAY 6/1/84	SEX M		RATE OF PAY: \$ 208 PER: <input type="checkbox"/> HOUR <input checked="" type="checkbox"/> DAY <input type="checkbox"/> WEEK	
\$35.00 WILL BE CHARGED FOR REPLACEMENT CHECKS		GUARANTEED HOURS _____ PER: <input type="checkbox"/> HOUR <input type="checkbox"/> DAY <input type="checkbox"/> WEEK		ADDITIONAL COMPENSATION OR DEALS:	
GUARANTEED WORK HOURS Guaranteed work hours available each week are _____ / day		Overtime to be computed at base overtime rate of _____ per hour			
AGREED EMPLOYEE SIGNATURE X [Signature]		AUTHORIZED SIGNATURE X			

FORM W-4 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

INSTRUCTIONS AND WORKSHEET ARE AVAILABLE FROM THE PRODUCTION OFFICE

1. Single Married Married, but withhold at higher Single rate

2. If your last name differs from your social security card, check here

Note: If married, but legally separated, or spouse is a non resident alien, check the single box.

3. Total number of allowances you are claiming: **3**

4. Additional amount, if any, you want withheld from each paycheck: **0**

5. I claim exemption from withholding for the current year of _____ and I certify that I meet BOTH of the following conditions of the exemption:

- Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability; AND
- This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability.

If you meet both conditions, enter "EXEMPT" here: **5**

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's Signature **X [Signature]** DATE **5/31/12** 20__

EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9)

LAST NAME STRATEMEIER	FIRST ERIC	MIDDLE JOSEPH	BIRTH NAME	BIRTH DATE 6/1/84
STREET ADDRESS 338 OAK STREET AVE UNIT C HARAHAN, LA 70123			ZIP 70123	SOCIAL SECURITY NUMBER 384-13-7508

I attest, under penalty of perjury, that I am (check box):

- 1. A citizen or national of the United States.
- 2. An alien lawfully admitted for permanent residence (Alien Number A _____, or
- 3. An alien authorized by the immigration and Naturalization Service to work in the United States (Alien Number A _____, or Admission number _____, expiration of employment authorization, if any _____)

I attest under the penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

EMPLOYEE SIGNATURE X [Signature]	PREPARER TRANSLATOR CERTIFICATION (to be completed if prepared by person other than the employee) I attest under penalty of perjury that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.	TRANSLATOR SIGNATURE	PRINT NAME
DATE 5/31/12		ADDRESS	

EMPLOYER REVIEW AND VERIFICATION: Instructions: examine one document from List A and check the appropriate box or examine one document from list B and one from List C and check the appropriate boxes. Provide the Document Identification Numbers and Expiration Dates for the documents checked.

<p>List A Documents that Establish Identity and Employment Eligibility</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. U.S. Passport (unexpired or expired) <input type="checkbox"/> 2. Certificate of United States Citizenship <input type="checkbox"/> 3. Certificate of Naturalization <input type="checkbox"/> 4. Unexpired Foreign Passport with attached Employment Authorization <input type="checkbox"/> 5. Alien Registration Card with Photograph <p>Document Identification _____</p> <p># _____</p> <p>Expiration Date: (If any) _____</p>	<p>List B Documents that Establish Identity</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 1. A State issued driver's license or a State issued I.D. Card with a photograph, or information, including name, sex, date of birth, height, weight and color of eyes <input type="checkbox"/> 2. U.S. Military Card <input type="checkbox"/> 3. For minors under the age of 16, School ID with photo <input type="checkbox"/> 4. Other (Specify document and issuing authority) 010524567 <p>Document Identification _____</p> <p># 6-01-2015</p> <p>Expiration Date: (If any) _____</p>	<p>List C Documents that Establish Employment Eligibility</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 1. Original Social Security Card (other than card stating it is not valid for employment) <input type="checkbox"/> 2. Birth Certificate issued by State, county or municipal authority bearing a seal or other certification <input type="checkbox"/> 3. Unexpired INS Employment Authorization (Specify Form) # 384-13-7508 <p>Document Identification _____</p> <p># _____</p> <p>Expiration Date: (If any) _____</p>
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CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be

EXAMINER'S SIGNATURE TITLE DATE EMPLOYER



LOS ANGELES
(818) 848-9200

NEW YORK
(212) 675-4600

Fax: (866) 690-6361

- New Employee (Complete ALL Sections)
- Change of Address (Complete Section A)
- Change of Exemptions (Complete Section A & Form W-4)
- Rate Change (Complete Section A)

SECTION A PLEASE PRINT CLEARLY OR PAYMENT COULD BE DELAYED

PRODUCTION COMPANY: H3 EXPORTS LLC PICTURE / PROJECT: HATCHET 3 COST CODE:

EMPLOYEE NAME: Mike PapaJohn/Skin the cat inc S.S.#: 417-11-9805 START DATE: 5/30 OCCUPATION: Stunt UNION: SAG

EMPLOYEE ADDRESS NO. STREET APT.#

7412 General Haig

CITY: New Orleans STATE: LA ZIP: 70124

PHONE: (310) 892-0595 BIRTHDAY: 11-7-64 SEX: F

\$35.00 WILL BE CHARGED FOR REPLACEMENT CHECKS

GUARANTEED WORK HOURS

Guaranteed work hours available each week are / day
Overtime to be computed at base overtime rate of per hour

AGREED EMPLOYEE SIGNATURE: X Michael PapaJohn AUTHORIZED SIGNATURE:

CHECK ONE: UNION NON UNION

RATE OF PAY: \$ 268 PER: HOUR DAY WEEK

GUARANTEED HOURS PER: HOUR DAY WEEK

ADDITIONAL COMPENSATION OR DEALS:

FORM W-4 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

INSTRUCTIONS AND WORKSHEET ARE AVAILABLE FROM THE PRODUCTION OFFICE

- Single Married Married, but withhold at higher Single rate
- If your last name differs from your social security card, check here and call 1-800-772-1213 for more information.

3. Total number of allowances you are claiming: 3

4. Additional amount, if any, you want withheld from each paycheck: 4

5. I claim exemption from withholding for the current year of and I certify that I meet BOTH of the following conditions of the exemption:
• Last year I had a right to a refund of ALL Federal Income tax withheld because I had NO tax liability; AND
• This year I expect a refund of ALL Federal Income tax withheld because I expect to have NO tax liability.
If you meet both conditions, enter "EXEMPT" here.

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's Signature: X DATE: 20

EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9)

LAST NAME: FIRST: MIDDLE: BIRTH NAME: BIRTH DATE:

STREET ADDRESS: CITY: STATE: ZIP: SOCIAL SECURITY NUMBER:

I attest, under penalty of perjury, that I am (check box):

- 1. A citizen or national of the United States.
- 2. An alien lawfully admitted for permanent residence (Alien Number A _____)
- 3. An alien authorized by the immigration and Naturalization Service to work in the United States (Alien Number A _____, or Admission number _____, expiration of employment authorization, if any _____)

I attest under the penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

EMPLOYEE SIGNATURE: X	PREPARER TRANSLATOR CERTIFICATION (to be completed if prepared by person other than the employee) I attest under penalty of perjury that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.	TRANSLATOR SIGNATURE: _____	PRINT NAME: _____
DATE: _____	ADDRESS: _____		

EMPLOYER REVIEW AND VERIFICATION: Instructions: examine one document from List A and check the appropriate box or examine one document from list B and one from List C and check the appropriate boxes. Provide the Document Identification Numbers and Expiration Dates for the documents checked.

<p>List A Documents that Establish Identity and Employment Eligibility</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. U.S. Passport (unexpired or expired) <input type="checkbox"/> 2. Certificate of United States Citizenship <input type="checkbox"/> 3. Certificate of Naturalization <input type="checkbox"/> 4. Unexpired Foreign Passport with attached Employment Authorization <input type="checkbox"/> 5. Alien Registration Card with Photograph <p>Document Identification: # _____ Expiration Date: (If any) _____</p>	<p>List B Documents that Establish Identity</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 1. A State issued driver's license or a State issued I.D. Card with a photograph, or information, including name, sex, date of birth, height, weight and color of eyes <input type="checkbox"/> 2. U.S. Military Card <input type="checkbox"/> 3. For minors under the age of 16, School ID with photo <input type="checkbox"/> 4. Other (Specify document and issuing authority) <p>Exp. 11-07-2016 Document Identification: # 010842746 Expiration Date: (If any) _____</p>	<p>List C Documents that Establish Employment Eligibility</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Original Social Security Card (other than card stating it is not valid for employment) <input type="checkbox"/> 2. Birth Certificate issued by State, county or municipal authority bearing a seal or other certification <input type="checkbox"/> 3. Unexpired INS Employment Authorization (Specify Form) # _____ <p>Document Identification: # _____ Expiration Date: (If any) _____</p>
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CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and to relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States. EXAMINER'S SIGNATURE: X TITLE: DATE: EMPLOYER: ABS Payroll

**Request for Taxpayer
 Identification Number and Certification**

Give Form to the
 requester. Do not
 send to the IRS.

Name (as shown on your income tax return)
Michael Papaiohn

Business name/disregarded entity name, if different from above
Skin the Cat Inc.

Check appropriate box for federal tax classification (required):
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Exempt payee

Other (see instructions) ▶ _____

Address (number, street, and apt. or suite no.)
7412 General Haig

City, state, and ZIP code
New Orleans, LA 70124

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

4	1	7	-	1	1	-	9	8	0	5
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Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number

9	5	-	4	6	8	2	7	9	0
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ **Michael Papaiohn** Date ▶ **5/31/12**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



(818) 848-9200

(212) 675-4600

Fax: (866) 690-6361

- Change of Address (Complete Section A)
- Change of Exemptions (Complete Section A & Form W-4)
- Rate Change (Complete Section A)

SECTION A PLEASE PRINT CLEARLY OR PAYMENT COULD BE DELAYED

PRODUCTION COMPANY H3 EXPORTS LLC		PICTURE / PROJECT HATCHET 3		COST CODE	
EMPLOYEE NAME JARED DePasquale		S.S.# 593-78-7076	START DATE 5/30	OCCUPATION STUNT	UNION Sag
EMPLOYEE ADDRESS NO. 3013 16th ST.	STREET	APT.# C	CHECK ONE: <input checked="" type="radio"/> UNION <input type="radio"/> NON UNION		
CITY Metairie	STATE LA	ZIP 70002	RATE OF PAY: \$ 268 PER: <input type="checkbox"/> HOUR <input checked="" type="checkbox"/> DAY <input type="checkbox"/> WEEK		
PHONE (504) 402-1736	BIRTHDAY 8-17-75	SEX M	GUARANTEED HOURS _____ PER: <input type="checkbox"/> HOUR <input type="checkbox"/> DAY <input type="checkbox"/> WEEK		
* \$35.00 WILL BE CHARGED FOR REPLACEMENT CHECKS			ADDITIONAL COMPENSATION OR DEALS:		
AGREED EMPLOYEE SIGNATURE: AUTHORIZED SIGNATURE: X					

FORM W-4 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

INSTRUCTIONS AND WORKSHEET ARE AVAILABLE FROM THE PRODUCTION OFFICE

1. Single Married Married, but withhold at higher Single rate

2. If your last name differs from your social security card, check here and call 1-800-773-1213 for more information.

Note: If married, but legally separated, or spouse is a non resident alien, check the single box.

3. Total number of allowances you are claiming: **5**

4. Additional amount, if any, you want withheld from each paycheck: _____

5. I claim exemption from withholding for the current year of _____ and I certify that I meet BOTH of the following conditions of the exemption:

- Last year I had a right to a refund of ALL Federal Income tax withheld because I had NO tax liability; AND
- This year I expect a refund of ALL Federal Income tax withheld because I expect to have NO tax liability.

If you meet both conditions, enter "EXEMPT" here: _____

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's Signature: DATE: **5-30-12**

EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9)

LAST NAME DePasquale	FIRST Jared	MIDDLE	BIRTH NAME Same	BIRTH DATE 8-17-75
STREET ADDRESS 3013 16th ST Apt C Metairie		CITY LA	STATE 70002	ZIP 593-78-7076

I attest, under penalty of perjury, that I am (check box):

1. A citizen or national of the United States. 2. An alien lawfully admitted for permanent residence (Alien Number A _____)

3. An alien authorized by the immigration and Naturalization Service to work in the United States (Alien Number A _____), or Admission number _____, expiration of employment authorization, if any _____)

I attest under the penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

EMPLOYER SIGNATURE 	PREPARER TRANSLATOR CERTIFICATION (to be completed if prepared by person other than the employee) I attest under penalty of perjury that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.	TRANSLATOR SIGNATURE	PRINT NAME
DATE 5-30-12		ADDRESS	

EMPLOYER REVIEW AND VERIFICATION: Instructions: examine one document from List A and check the appropriate box or examine one document from list B and one from List C and check the appropriate boxes. Provide the Document Identification Numbers and Expiration Dates for the documents checked.

<p>List A Documents that Establish Identity and Employment Eligibility</p> <p><input type="checkbox"/> 1. U.S. Passport (unexpired or expired)</p> <p><input type="checkbox"/> 2. Certificate of United States Citizenship</p> <p><input type="checkbox"/> 3. Certificate of Naturalization</p> <p><input type="checkbox"/> 4. Unexpired Foreign Passport with attached Employment Authorization</p> <p><input type="checkbox"/> 5. Alien Registration Card with Photograph</p> <p>Document Identification _____</p> <p>Expiration Date: (If any) _____</p>	<p>List B Documents that Establish Identity</p> <p><input checked="" type="checkbox"/> 1. A State issued driver's license or a State issued I.D. Card with a photograph, or information, including name, sex, date of birth, height, weight and color of eyes</p> <p><input type="checkbox"/> 2. U.S. Military Card</p> <p><input type="checkbox"/> 3. For minors under the age of 16, School ID with photo</p> <p><input type="checkbox"/> 4. Other (Specify document and issuing authority) D124-440-75-292-6</p> <p>Document Identification _____</p> <p>Expiration Date: (If any) _____</p>	<p>List C Documents that Establish Employment Eligibility</p> <p><input checked="" type="checkbox"/> 1. Original Social Security Card (other than card stating it is not valid for employment)</p> <p><input type="checkbox"/> 2. Birth Certificate issued by State, county or municipal authority bearing a seal or other certification</p> <p><input type="checkbox"/> 3. Unexpired INS Employment Authorization (Specify Form) # 593-78-7076</p> <p>Document Identification _____</p> <p>Expiration Date: (If any) _____</p>
--	---	---

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be

EXAMINER'S SIGNATURE _____ TITLE _____ DATE _____ EMPLOYER _____



HARTIG HILEPO AGENCY LTD.

FILM • THEATER • TELEVISION

54 West 21st Street, Suite 610, New York, NY 10010

tel: 212.929.1772 fax: 212.929.1266 email: info@hartighilepo.com

Date: 5/31/12

Project Name Hatchet 3

Studio/Production Co.: H3 Exports Rolin Sheritt Fowler"

Actor: Zach Galligan

To Whom It May Concern:

You are hereby notified that I have authorized the Hartig Hilepo Agency, Ltd. to accept delivery of any and all checks and/or sums of money which may, from time to time, become payable to me.

I hereby authorize and instruct you to deliver all such checks and sums of money to:

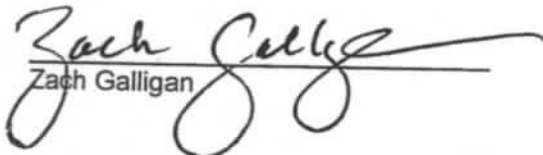
HARTIG HILEPO AGENCY, LTD.
54 W. 21st St., Suite 610
New York, NY 10010

This authorization and instruction shall remain in effect until written notice of the revocation thereof, by me, shall be served upon you by registered mail.

The Hartig Hilepo Agency, Ltd. is further authorized to endorse my name and to said monies, checks, drafts, and choses in action to deposit the same to their bank account, to deduct and retain therefrom for their own use and benefit all commissions, loans and other monies which may be due from me to them and to pay over balance to me and in this connection I hereby appoint them my attorney-in-fact for all of the foregoing purposes.

I hereby agree to indemnify and save you free and harmless of, and from any and all loss, cost or expenses which may be incurred or suffered by you for any reason of any action taken by you in reliance upon this authorization and instruction.

Sincerely,


Zach Galligan

SS #: 071-64-8434

Corporation Name and ID Number (if applicable) _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) SAVAHGE FILM, INC	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ _____	
	Address (number, street, and apt. or suite no.) P.O. BOX 251634 City, state, and ZIP code LOS ANGELES, CA 90025 List account number(s) here (optional)	Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)																				
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.																				
	<table border="1" style="margin: auto;"> <tr><th colspan="9">Social security number</th></tr> <tr><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td>-</td><td> </td><td> </td></tr> </table>	Social security number												-			-			
Social security number																				
			-			-														
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="margin: auto;"> <tr><th colspan="9">Employer identification number</th></tr> <tr><td>9</td><td>1</td><td>-</td><td>2</td><td>1</td><td>6</td><td>3</td><td>5</td><td>6</td><td>3</td></tr> </table>	Employer identification number									9	1	-	2	1	6	3	5	6	3
Employer identification number																				
9	1	-	2	1	6	3	5	6	3											

Part II Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined below).	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.	
Sign Here	Signature of U.S. person ▶
	Date ▶

General Instructions
Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form
A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



(818) 848-9200 (212) 675-4600

Fax: (866) 690-6361

- Change of Address (Complete Section A)
- Change of Exemptions (Complete Section A & Form W-4)
- Rate Change (Complete Section A)

SECTION A PLEASE PRINT CLEARLY OR PAYMENT COULD BE DELAYED

PRODUCTION COMPANY H3 EXPORTS LLC		PICTURE/PROJECT HATCHET 3		COST CODE	
EMPLOYEE NAME DANIELLE HARRIS/WVMTBA INC		S.S.# 591-24-5946		START DATE 5/30/12	
EMPLOYEE ADDRESS NO. STREET APT.# 13351 Riverside Dr #431		CITY STATE ZIP Sherman Oaks CA 91423		OCCUPATION UNION Actress SAG	
PHONE ()		BIRTHDAY 06-01-77		SEX M F	
CHECK ONE: <input checked="" type="radio"/> UNION <input type="radio"/> NON UNION					
RATE OF PAY: \$ 903 PER: <input type="checkbox"/> HOUR <input type="checkbox"/> DAY <input checked="" type="checkbox"/> WEEK					
GUARANTEED HOURS _____ PER: <input type="checkbox"/> HOUR <input type="checkbox"/> DAY <input type="checkbox"/> WEEK					
ADDITIONAL COMPENSATION OR DEALS:					
\$35.00 WILL BE CHARGED FOR REPLACEMENT CHECKS					
GUARANTEED WORK HOURS Guaranteed work hours available each week are _____ / day Overtime to be computed at base overtime rate of _____ per hour					
AGREED EMPLOYEE SIGNATURE X			AUTHORIZED SIGNATURE X		

FORM W-4 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

INSTRUCTIONS AND WORKSHEET ARE AVAILABLE FROM THE PRODUCTION OFFICE

1. Single Married Married, but withhold at higher Single rate

2. If your last name differs from your social security card, check here and call 1-800-772-1213 for more information.

Note: If married, but legally separated, or spouse is a non resident alien, check the single box.

3. Total number of allowances you are claiming: 3

4. Additional amount, if any, you want withheld from each paycheck: 4

5. I claim exemption from withholding for the current year of _____ and I certify that I meet BOTH of the following conditions of the exemption:

- Last year I had a right to a refund of ALL Federal Income tax withheld because I had NO tax liability; AND
- This year I expect a refund of ALL Federal Income tax withheld because I expect to have NO tax liability.

If you meet both conditions, enter "EXEMPT" here: 5

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's Signature **X** DATE _____ 20__

EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9)

LAST NAME		FIRST	MIDDLE	BIRTH NAME	BIRTH DATE
STREET ADDRESS			CITY	STATE	ZIP
SOCIAL SECURITY NUMBER					

I attest, under penalty of perjury, that I am (check box):

1. A citizen or national of the United States. 2. An alien lawfully admitted for permanent residence (Alien Number A _____)
3. An alien authorized by the immigration and Naturalization Service to work in the United States (Alien Number A _____, or Admission number _____, expiration of employment authorization, if any _____)

I attest under the penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

EMPLOYEE SIGNATURE X	PREPARER TRANSLATOR CERTIFICATION (to be completed if prepared by person other than the employee) I attest under penalty of perjury that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.	TRANSLATOR SIGNATURE	PRINT NAME
DATE 5/31/12		ADDRESS	

EMPLOYER REVIEW AND VERIFICATION: Instructions: examine one document from List A and check the appropriate box or examine one document from list B and one from List C and check the appropriate boxes. Provide the Document Identification Numbers and Expiration Dates for the documents checked.

List A
Documents that Establish Identity and Employment Eligibility

1. U.S. Passport (unexpired or expired)

2. Certificate of United States Citizenship

3. Certificate of Naturalization

4. Unexpired Foreign Passport with attached Employment Authorization

5. Alien Registration Card with Photograph

Document Identification _____

Expiration Date: (If any) _____

List B
Documents that Establish Identity

1. A State issued driver's license or a State issued I.D. Card with a photograph, or information, including name, sex, date of birth, height, weight and color of eyes

2. U.S. Military Card

3. For minors under the age of 16, School ID with photo

4. Other (Specify document and issuing authority) _____

Document Identification **06-13**

Expiration Date: (If any) _____

List C
Documents that Establish Employment Eligibility

1. Original Social Security Card (other than card stating it is not valid for employment)

2. Birth Certificate issued by State, county or municipal authority bearing a seal or other certification

3. Unexpired INS Employment Authorization (Specify Form) # _____

Document Identification _____

Expiration Date: (If any) _____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be	EXAMINER'S SIGNATURE	TITLE	DATE	EMPLOYER
---	----------------------	-------	------	----------

**Request for Taxpayer
 Identification Number and Certification**

Give Form to the
 requester. Do not
 send to the IRS.

Print or type
 See specific instructions on page 2.

Name (as shown on your income tax return) Danielle Harris

Business name/disregarded entity name, if different from above Luvmyba Inc.

Check appropriate box for federal tax classification (required):
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____

Other (see instructions) ▶ _____

Address (number, street, and apt. or suite no.) 13351 Riverside Dr. #431

City, state, and ZIP code Sherman Oaks, CA 91423

List account number(s) here (optional) _____

Requester's name and address (optional) _____

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

			-			-				
--	--	--	---	--	--	---	--	--	--	--

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number

9	5	-	4	8	7	0	9	6	5
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶  Date ▶ 5/31/12

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



LOS ANGELES (818) 848-9200

NEW YORK (212) 675-4600

Fax: (866) 690-6361

- New Employee (Complete ALL Sections)
- Change of Address (Complete Section A)
- Change of Exemptions (Complete Section A & Form W-4)
- Rate Change (Complete Section A)

SECTION A PLEASE PRINT CLEARLY OR PAYMENT COULD BE DELAYED

PRODUCTION COMPANY PICTURE / PROJECT COST CODE

H3 EXPORTS LLC HATCHET 3

EMPLOYEE NAME S.S.# START DATE OCCUPATION UNION

PARRY SHEN 109-68-5681 5/30 Actor SAG

EMPLOYEE ADDRESS NO. STREET APT.# CHECK ONE: UNION NON UNION

CITY STATE ZIP RATE OF PAY:

1959 SEASONS ST. SIMI VALLEY CA 93065 \$ 933 PER: HOUR DAY WEEK

PHONE BIRTHDAY SEX GUARANTEED HOURS PER: HOUR DAY WEEK

(310) 463-1966 M F \$35.00 WILL BE CHARGED FOR REPLACEMENT CHECKS

ADDITIONAL COMPENSATION OR DEALS:

GUARANTEED WORK HOURS Guaranteed work hours available each week are / day

Overtime to be computed at base overtime rate of per hour

AGREED EMPLOYEE SIGNATURE AUTHORIZED SIGNATURE

X [Signature] X [Signature]

FORM W-4 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

INSTRUCTIONS AND WORKSHEET ARE AVAILABLE FROM THE PRODUCTION OFFICE

1. Single Married Married, but withhold at higher Single rate 2. If your last name differs from your social security card, check here

Note: If married, but legally separated, or spouse is a non resident alien, check the single box

3. Total number of allowances you are claiming 3 9

4. Additional amount, if any, you want withheld from each paycheck 4

5. I claim exemption from withholding for the current year of and I certify that I meet BOTH of the following conditions of the exemption:

- Last year I had a right to a refund of ALL Federal Income tax withheld because I had NO tax liability; AND
- This year I expect a refund of ALL Federal Income tax withheld because I expect to have NO tax liability.

If you meet both conditions, enter "EXEMPT" here

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's Signature X [Signature] DATE May 30 2012

EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9)

LAST NAME FIRST MIDDLE BIRTH NAME BIRTH DATE

SHEN PARRY ANDREW 6/26/1973

STREET ADDRESS CITY STATE ZIP SOCIAL SECURITY NUMBER

1959 SEASONS ST SIMI VALLEY CA 93065 109-68-5681

I attest, under penalty of perjury, that I am (check box):

- 1. A citizen or national of the United States.
- 2. An alien lawfully admitted for permanent residence (Alien Number A _____)
- 3. An alien authorized by the immigration and Naturalization Service to work in the United States (Alien Number A _____, or Admission number _____, expiration of employment authorization, if any _____)

I attest under the penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me.

I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

EMPLOYEE SIGNATURE PREPARER TRANSLATOR SIGNATURE PRINT NAME

X [Signature] (to be completed if prepared by person other than the employee) I attest under penalty of perjury that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.

DATE 5/30/12 ADDRESS

EMPLOYER REVIEW AND VERIFICATION: Instructions: examine one document from List A and check the appropriate box or examine one document from list B and one from List C and check the appropriate boxes. Provide the Document Identification Numbers and Expiration Dates for the documents checked.

List A Documents that Establish Identity and Employment Eligibility	List B Documents that Establish Identity	List C Documents that Establish Employment Eligibility
<input checked="" type="checkbox"/> 1. U.S. Passport (unexpired or expired) <input type="checkbox"/> 2. Certificate of United States Citizenship <input type="checkbox"/> 3. Certificate of Naturalization <input type="checkbox"/> 4. Unexpired Foreign Passport with attached Employment Authorization <input type="checkbox"/> 5. Alien Registration Card with Photograph Document Identification # 479293076 Expiration Date: (If any) JAN 11 2021	<input type="checkbox"/> 1. A State issued driver's license or a State issued I.D. Card with a photograph, or information, including name, sex, date of birth, height, weight and color of eyes <input type="checkbox"/> 2. U.S. Military Card <input type="checkbox"/> 3. For minors under the age of 16, School ID with photo <input type="checkbox"/> 4. Other (Specify document and issuing authority) Document Identification # Expiration Date: (If any)	<input type="checkbox"/> 1. Original Social Security Card (other than card stating it is not valid for employment) <input type="checkbox"/> 2. Birth Certificate issued by State, county or municipal authority bearing a seal or other certification <input type="checkbox"/> 3. Unexpired INS Employment Authorization (Specify Form) # Document Identification # Expiration Date: (If any)

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and to relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

EXAMINER'S SIGNATURE TITLE DATE EMPLOYER

X

ABS Payroll

STONE MANNERS

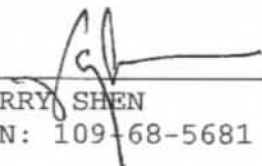
TALENT & LITERARY AGENTS

You are hereby notified that I authorize THE STONE MANNERS TALENT AGENCY, to accept delivery on any and all checks and/or sums of money which may from time to time be or become payable to me from you; and I hereby authorize you to deliver or send all check and/or sums of money to said STONE MANNERS AGENCY.

This authorization shall remain in effect until written notice of the revocation thereof, executed and acknowledged by me, shall be served upon you by registered mail.

I hereby agree to indemnify and save you free and harmless of and from any and all loss, cost, or expenses, which may be incurred or suffered by you by reason of any action taken by you in reliance upon this authorization.

Yours truly,



PARRY SHEN
SSN: 109-68-5681

Please send check to:

**Stone Manners Agency
9911 W. Pico Blvd.
Suite 1400
Los Angeles, CA 90035**



(818) 848-9200

(212) 675-4600

Fax: (866) 690-6361

- Change of Address (Complete Section A)
- Change of Exemptions (Complete Section A & Form W-4)
- Rate Change (Complete Section A)

SECTION A PLEASE PRINT CLEARLY OR PAYMENT COULD BE DELAYED

PRODUCTION COMPANY: **H3 EXPORTS LLC** PICTURE/PROJECT: **HATCHET 3** COST CODE: _____

EMPLOYEE NAME: **NITO LARIOZA / YOGALOHA ENT** S.S.#: **575-72-1270** START DATE: **5/30** OCCUPATION: **STUNT** UNION: **SAG**

EMPLOYEE ADDRESS NO. STREET APT.#
651 BICHARD ST 2B

CITY STATE ZIP
NEW ORLEANS, LA 70123

PHONE BIRTHDAY SEX
(818) 402-2706 2/21/71 M

\$35.00 WILL BE CHARGED FOR REPLACEMENT CHECKS

GUARANTEED WORK HOURS

Guaranteed work hours available each week are _____ / day

Overtime to be computed at base overtime rate of _____ per hour

AGREED EMPLOYEE SIGNATURE: **X** AUTHORIZED SIGNATURE: **X**

CHECK ONE: UNION NON UNION

RATE OF PAY: \$ **268** PER: HOUR DAY WEEK

GUARANTEED HOURS _____ PER: HOUR DAY WEEK

ADDITIONAL COMPENSATION OR DEALS:

FORM W-4 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE INSTRUCTIONS AND WORKSHEET ARE AVAILABLE FROM THE PRODUCTION OFFICE

1. Single Married Married, but withhold at higher Single rate
Note: If married, but legally separated, or spouse is a non resident alien, check the single box.

2. If your last name differs from your social security card, check here and call 1-800-772-1213 for more information.

3. Total number of allowances you are claiming: **3**

4. Additional amount, if any, you want withheld from each paycheck: **4**

5. I claim exemption from withholding for the current year of _____ and I certify that I meet BOTH of the following conditions of the exemption:
 • Last year I had a right to a refund of ALL Federal Income tax withheld because I had NO tax liability; AND
 • This year I expect a refund of ALL Federal Income tax withheld because I expect to have NO tax liability.
 If you meet both conditions, enter "EXEMPT" here: **5**

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's Signature: **X** DATE: _____ 20__

EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9)

LAST NAME FIRST MIDDLE BIRTH NAME BIRTH DATE
STREET ADDRESS CITY STATE ZIP SOCIAL SECURITY NUMBER

I attest, under penalty of perjury, that I am (check box):

- 1. A citizen or national of the United States.
- 2. An alien lawfully admitted for permanent residence (Alien Number A _____)
- 3. An alien authorized by the immigration and Naturalization Service to work in the United States (Alien Number A _____), or

Admission number _____, expiration of employment authorization, if any _____)

I attest under the penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

EMPLOYEE SIGNATURE: **X** DATE: _____
 PREPARER TRANSLATOR CERTIFICATION (to be completed if prepared by person other than the employee) I attest under penalty of perjury that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.
 TRANSLATOR SIGNATURE: _____ PRINT NAME: _____
 ADDRESS: _____

EMPLOYER REVIEW AND VERIFICATION: Instructions: examine one document from List A and check the appropriate box or examine one document from list B and one from List C and check the appropriate boxes. Provide the Document Identification Numbers and Expiration Dates for the documents checked.

List A
Documents that Establish Identity and Employment Eligibility

- 1. U.S. Passport (unexpired or expired)
- 2. Certificate of United States Citizenship
- 3. Certificate of Naturalization
- 4. Unexpired Foreign Passport with attached Employment Authorization
- 5. Alien Registration Card with Photograph

Document Identification: **467217998**
Expiration Date: (If any) **3/6/20**

List B
Documents that Establish Identity

- 1. A State issued driver's license or a State issued I.D. Card with a photograph, or information, including name, sex, date of birth, height, weight and color of eyes
- 2. U.S. Military Card
- 3. For minors under the age of 16, School ID with photo
- 4. Other (Specify document and issuing authority)

Document Identification: **MILA # 010479507**
Expiration Date: (If any) **2/21/15**

List C
Documents that Establish Employment Eligibility

- 1. Original Social Security Card (other than card stating it is not valid for employment)
- 2. Birth Certificate issued by State, county or municipal authority bearing a seal or other certification
- 3. Unexpired INS Employment Authorization (Specify Form) _____

Document Identification: **575-72-1270**
Expiration Date: (If any) _____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be

EXAMINER'S SIGNATURE: _____ TITLE: _____ DATE: _____ EMPLOYER: _____

**Request for Taxpayer
 Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) YOGALLOTTA ENTERTAINMENT INC.	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) 651 RICHARD ST 2B.		Requester's name and address (optional)
City, state, and ZIP code NEW ORLEANS, LA 70123		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number	
976 10 1279	
Employer identification number	
45-2907798	

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶ MAY 31, 2012
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



(818) 848-9200 (212) 675-4600

Fax: (866) 690-6361

- Change of Address (Complete Section A)
- Change of Exemptions (Complete Section A & Form W-4)
- Rate Change (Complete Section A)

SECTION A PLEASE PRINT CLEARLY OR PAYMENT COULD BE DELAYED

PRODUCTION COMPANY H3 EXPORTS LLC PICTURE/PROJECT HATCHET 3 COST CODE

EMPLOYEE NAME DEREK MEARS S.S.# 625-03-7580 START DATE 5/30 OCCUPATION ACTOR UNION SAB

EMPLOYEE ADDRESS NO. 23932 Via Amado STREET APT.#

CITY Valencia STATE CA ZIP 91355

PHONE (661) 400-2689 BIRTHDAY 4/29/72 SEX (M) F

\$35.00 WILL BE CHARGED FOR REPLACEMENT CHECKS

GUARANTEED WORK HOURS

Guaranteed work hours available each week are / day Overtime to be computed at base overtime rate of per hour

AGREED EMPLOYEE SIGNATURE AUTHORIZED SIGNATURE

CHECK ONE: UNION NON UNION

RATE OF PAY: \$ 933 PER: HOUR DAY WEEK

GUARANTEED HOURS PER: HOUR DAY WEEK

ADDITIONAL COMPENSATION OR DEALS:

FORM W-4 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

INSTRUCTIONS AND WORKSHEET ARE AVAILABLE FROM THE PRODUCTION OFFICE

- 1. Single Married Married, but withhold at higher Single rate
- 2. If your last name differs from your social security card, check here and call 1-800-773-1213 for more information

3. Total number of allowances you are claiming 3
4. Additional amount, if any, you want withheld from each paycheck 4
5. I claim exemption from withholding for the current year of and I certify that I meet BOTH of the following conditions of the exemption:
- Last year I had a right to a refund of ALL Federal Income tax withheld because I had NO tax liability. AND
- This year I expect a refund of ALL Federal Income tax withheld because I expect to have NO tax liability.
If you meet both conditions, enter "EXEMPT" here 5

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's Signature DATE 20

EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9)

LAST NAME MEARS FIRST DEREK MIDDLE EVERETT BIRTH NAME BIRTHDATE 4/29/72
STREET ADDRESS 23932 Via Amado CITY Valencia STATE CA ZIP 91355 SOCIAL SECURITY NUMBER 625037580

I attest, under penalty of perjury, that I am (check box):

- 1. A citizen or national of the United States.
- 2. An alien lawfully admitted for permanent residence (Alien Number A _____)
- 3. An alien authorized by the immigration and Naturalization Service to work in the United States (Alien Number A _____, or Admission number _____, expiration of employment authorization, if any _____)

I attest under the penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

EMPLOYEE SIGNATURE DATE 5/30/12 PREPARER TRANSLATOR CERTIFICATION (to be completed if prepared by person other than the employee) I attest under penalty of perjury that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge. TRANSLATOR SIGNATURE PRINT NAME ADDRESS

EMPLOYER REVIEW AND VERIFICATION: Instructions: examine one document from List A and check the appropriate box or examine one document from list B and one from List C and check the appropriate boxes. Provide the Document Identification Numbers and Expiration Dates for the documents checked.

List A Documents that Establish Identity and Employment Eligibility
List B Documents that Establish Identity
List C Documents that Establish Employment Eligibility

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be EXAMINER'S SIGNATURE TITLE DATE EMPLOYER

**Request for Taxpayer
 Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)
DEREK MEARS

Business name/disregarded entity name, if different from above
DAN DANGER INC

Check appropriate box for federal tax classification (required):
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Exempt payee

Other (see instructions) ▶ _____

Address (number, street, and apt. or suite no.)
23452 Via Arnoldo

City, state, and ZIP code
Valencia CA 91355

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

			-			-			
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Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number

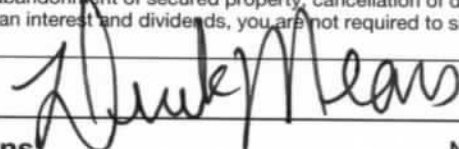
7	4	3	0	8	7	9	8	1
---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶  Date ▶ **5/30/12**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



STAGECOACH ENTERTAINMENT

Salary Authorization

To Whom It May Concern:

You are hereby notified that I have authorized Stagecoach Entertainment to accept delivery of any checks and/or sums of money which may, from time to time, be or become payable to me from you; and I hereby authorize you to deliver such checks and/or sums of money to Stagecoach Entertainment at 938 5th Street # 4, Santa Monica CA 90403.

This Authorization shall be in effect until written notice of the revocation thereof, executed and acknowledged by me, shall be served upon you by registered mail.

I hereby revoke any and all authorizations heretofore executed by me for the delivery of checks.

I also hereby authorize Stagecoach Entertainment to endorse any and all checks made payable to me, for me.

I hereby agree to indemnify and save you free and harmless of any and all loss cost or expense which may be incurred or suffered by you by reason of any action taken by you in reliance upon this authorization.

Yours truly,

Derek Mears

Artist's Signature

Artist's Name (Please Print)

625 03 7580

Social Security

12/13/11

Date



(818) 848-9200

(212) 675-4600

Fax: (866) 690-6361

- Change of Address (Complete Section A)
- Change of Exemptions (Complete Section A & Form W-4)
- Rate Change (Complete Section A)

SECTION A PLEASE PRINT CLEARLY OR PAYMENT COULD BE DELAYED

PRODUCTION COMPANY PICTURE / PROJECT COST CODE

H3 EXPORTS LLC

HATCHET 3

EMPLOYEE NAME S.S.# START DATE OCCUPATION UNION

KANE HODDER

557-04-3049

5/30

STUNT COORD

SAG

EMPLOYEE ADDRESS NO. STREET APT.#

3701 Senda Calma

CITY STATE ZIP

CALABASAS CA 91302

PHONE BIRTHDAY SEX

(818) 631.5455

4/8/55

M (F)

\$35.00 WILL BE CHARGED FOR REPLACEMENT CHECKS

GUARANTEED WORK HOURS

Guaranteed work hours available each week are / day

Overtime to be computed at base overtime rate of per hour

AGREED EMPLOYEE SIGNATURE AUTHORIZED SIGNATURE

X [Signature]

X [Signature]

CHECK ONE: UNION (X) NON UNION

RATE OF PAY: \$ 5057 PER: HOUR DAY WEEK (X)

GUARANTEED HOURS PER: HOUR DAY WEEK

ADDITIONAL COMPENSATION OR DEALS:

Stunt coordinator flat deal

FORM W-4 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

INSTRUCTIONS AND WORKSHEET ARE AVAILABLE FROM THE PRODUCTION OFFICE

1. Single (X) Married Married, but withhold at higher Single rate

2. If your last name differs from your social security card, check here and call 1-800-772-1213 for more information

3. Total number of allowances you are claiming

3 9

4. Additional amount, if any, you want withheld from each paycheck

5. I claim exemption from withholding for the current year of and I certify that I meet BOTH of the following conditions of the exemption:

- Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability; AND
- This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability.

If you meet both conditions, enter "EXEMPT" here

Under penalties of perjury, I certify that I am entitled to the number of allowances claimed on this certificate or entitled to claim exempt status.

Employee's Signature X [Signature]

DATE 5/30/12

EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9)

LAST NAME FIRST MIDDLE BIRTH NAME BIRTH DATE

Hodder Kane

Kane

BIRTH DATE

4/8/55

STREET ADDRESS CITY STATE ZIP SOCIAL SECURITY NUMBER

3701 Senda Calma

Calabasas CA 91302

557 04 3049

I attest, under penalty of perjury, that I am (check box):

- 1. A citizen or national of the United States.
- 2. An alien lawfully admitted for permanent residence (Alien Number A _____)
- 3. An alien authorized by the immigration and Naturalization Service to work in the United States (Alien Number A _____), or

Admission number _____, expiration of employment authorization, if any _____

I attest under the penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

EMPLOYEE SIGNATURE X [Signature]	PREPARER TRANSLATOR CERTIFICATION (to be completed if prepared by person other than the employee) I attest under penalty of perjury that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.	TRANSLATOR SIGNATURE	PRINT NAME
DATE	ADDRESS		

EMPLOYER REVIEW AND VERIFICATION: Instructions: examine one document from List A and check the appropriate box or examine one document from list B and one from List C and check the appropriate boxes. Provide the Document Identification Numbers and Expiration Dates for the documents checked.

List A
Documents that Establish Identity and Employment Eligibility

- 1. U.S. Passport (unexpired or expired)
- 2. Certificate of United States Citizenship
- 3. Certificate of Naturalization
- 4. Unexpired Foreign Passport with attached Employment Authorization
- 5. Alien Registration Card with Photograph

Document Identification _____

Expiration Date: (If any) _____

List B
Documents that Establish Identity

- 1. A State issued driver's license or a State issued I.D. Card with a photograph, or information, including name, sex, date of birth, height, weight and color of eyes
- 2. U.S. Military Card
- 3. For minors under the age of 16, School ID with photo
- 4. Other (Specify document and issuing authority)

CA DL

Document Identification _____

Expiration Date: (If any) _____

List C
Documents that Establish Employment Eligibility

- 1. Original Social Security Card (other than card stating it is not valid for employment)
- 2. Birth Certificate issued by State, county or municipal authority bearing a seal or other certification
- 3. Unexpired INS Employment Authorization (Specify Form)

557 04 3049

Document Identification _____

Expiration Date: (If any) _____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be

EXAMINER'S SIGNATURE

TITLE

DATE

EMPLOYER



LOS ANGELES
(818) 848-9200

NEW YORK
(212) 675-4600

Fax: (866) 690-6361

- New Employee (Complete ALL Sections)
- Change of Address (Complete Section A)
- Change of Exemptions (Complete Section A & Form W-4)
- Rate Change (Complete Section A)

SECTION A PLEASE PRINT CLEARLY OR PAYMENT COULD BE DELAYED

PRODUCTION COMPANY: H3 EXPORTS LLC PICTURE / PROJECT: HATCHET 3 COST CODE: _____

EMPLOYEE NAME: CODY BLUE SNIDER S.S.#: 593-23-3744 START DATE: 5/30 OCCUPATION: ACTOR UNION: SAG

EMPLOYEE ADDRESS NO. STREET APT.#
33 Fieldhorse ave East Setonkat

CITY STATE ZIP
East Setonkat NY 11733

PHONE BIRTHDAY SEX
(631) 664-0622 12/07/89 M F

\$35.00 WILL BE CHARGED FOR REPLACEMENT CHECKS
GUARANTEED WORK HOURS
Guaranteed work hours available each week are _____ / day
Overtime to be computed at base overtime rate of _____ per hour

AGREED EMPLOYER SIGNATURE AUTHORIZED SIGNATURE
X [Signature] X [Signature]

CHECK ONE: UNION NON UNION

RATE OF PAY: \$ 933 PER: HOUR DAY WEEK

GUARANTEED HOURS _____ PER: HOUR DAY WEEK

ADDITIONAL COMPENSATION OR DEALS:

FORM W-4 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

INSTRUCTIONS AND WORKSHEET ARE AVAILABLE FROM THE PRODUCTION OFFICE

1. Single Married Married, but withhold at higher Single rate
Note: If married, but legally separated, or spouse is a non resident alien, check the single box.

2. If your last name differs from your social security card, check here and call 1-800-772-1213 for more information.

3. Total number of allowances you are claiming: 2

4. Additional amount, if any, you want withheld from each paycheck: None

5. I claim exemption from withholding for the current year of _____ and I certify that I meet BOTH of the following conditions of the exemption:
 • Last year I had a right to a refund of ALL Federal Income tax withheld because I had NO tax liability: AND
 • This year I expect a refund of ALL Federal Income tax withheld because I expect to have NO tax liability.
 If you meet both conditions, enter "EXEMPT" here: _____

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.
Employee's Signature: X [Signature] DATE: 5/31/12

EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9)

LAST NAME FIRST MIDDLE BIRTH NAME BIRTH DATE
Jailer Cody Blue City Blue Jailer 12/07/89

STREET ADDRESS CITY STATE ZIP SOCIAL SECURITY NUMBER
33 Fieldhorse ave. East Setonkat NY 11733 593-23-3744

I attest, under penalty of perjury, that I am (check box):

- 1. A citizen or national of the United States.
- 2. An alien lawfully admitted for permanent residence (Alien Number A _____)
- 3. An alien authorized by the immigration and Naturalization Service to work in the United States (Alien Number A _____, or Admission number _____, expiration of employment authorization, if any _____)

I attest under the penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

EMPLOYEE SIGNATURE: X [Signature] DATE: 5/31/12

PREPARER TRANSLATOR CERTIFICATION (to be completed if prepared by person other than the employee) I attest under penalty of perjury that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.

TRANSLATOR SIGNATURE: _____ PRINT NAME: _____ ADDRESS: _____

EMPLOYER REVIEW AND VERIFICATION: Instructions: examine one document from List A and check the appropriate box or examine one document from list B and one from List C and check the appropriate boxes. Provide the Document Identification Numbers and Expiration Dates for the documents checked.

List A Documents that Establish Identity and Employment Eligibility	List B Documents that Establish Identity	List C Documents that Establish Employment Eligibility
<input type="checkbox"/> 1. U.S. Passport (unexpired or expired) <input type="checkbox"/> 2. Certificate of United States Citizenship <input type="checkbox"/> 3. Certificate of Naturalization <input type="checkbox"/> 4. Unexpired Foreign Passport with attached Employment Authorization <input type="checkbox"/> 5. Alien Registration Card with Photograph Document Identification # _____ Expiration Date: (If any) _____	<input checked="" type="checkbox"/> 1. A State issued driver's license or a State issued I.D. Card with a photograph, or information, including name, sex, date of birth, height, weight and color of eyes <input type="checkbox"/> 2. U.S. Military Card <input type="checkbox"/> 3. For minors under the age of 16, School ID with photo <input type="checkbox"/> 4. Other (Specify document and issuing authority) _____ Document Identification # <u>12-07-18</u> Expiration Date: (If any) _____	<input checked="" type="checkbox"/> 1. Original Social Security Card (other than card stating it is not valid for employment) <input type="checkbox"/> 2. Birth Certificate issued by State, county or municipal authority bearing a seal or other certification <input type="checkbox"/> 3. Unexpired INS Employment Authorization (Specify Form) # <u>593-23-3744</u> Document Identification # _____ Expiration Date: (If any) _____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and to relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

EXAMINER'S SIGNATURE: X [Signature] TITLE: _____ DATE: _____ EMPLOYER: ABS Payroll



LOS ANGELES (818) 848-9200

NEW YORK (212) 675-4600

Fax: (866) 690-6361

- New Employee (Complete ALL Sections)
- Change of Address (Complete Section A)
- Change of Exemptions (Complete Section A & Form W-4)
- Rate Change (Complete Section A)

SECTION A PLEASE PRINT CLEARLY OR PAYMENT COULD BE DELAYED

PRODUCTION COMPANY: **H3 EXPORTS LLC** PICTURE / PROJECT: **HATCHET 3** COST CODE: _____

EMPLOYEE NAME: **Zach Galligan** S.S.#: **071-64-8434** START DATE: **5/30** OCCUPATION: **ACTOR** UNION: **SAG**

EMPLOYEE ADDRESS: **25 WINDMILL RD** CITY: **ARMONK, NY** STATE: **NY** ZIP: **10504**

PHONE: **(310) 384-5020** BIRTHDAY: **2/14/64** SEX: **M**

\$35.00 WILL BE CHARGED FOR REPLACEMENT CHECKS

GUARANTEED WORK HOURS: _____ / day
Overtime to be computed at base overtime rate of _____ per hour

AGREED EMPLOYEE SIGNATURE: *X Zach Galligan* AUTHORIZED SIGNATURE: *X*

CHECK ONE: UNION NON UNION

RATE OF PAY: \$ **933** PER: HOUR DAY WEEK

GUARANTEED HOURS _____ PER: HOUR DAY WEEK

ADDITIONAL COMPENSATION OR DEALS: _____

FORM W4 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

INSTRUCTIONS AND WORKSHEET ARE AVAILABLE FROM THE PRODUCTION OFFICE

1. Single Married Married, but withhold at higher Single rate
Note: If married, but legally separated, or spouse is a non resident alien, check the single box

2. If your last name differs from your social security card, check here and call 1-800-772-1213 for more information

3. Total number of allowances you are claiming: **3**

4. Additional amount, if any, you want withheld from each paycheck: **3**

5. I claim exemption from withholding for the current year of _____ and I certify that I meet BOTH of the following conditions of the exemption:
 • Last year I had a right to a refund of ALL Federal Income tax withheld because I had NO tax liability; AND
 • This year I expect a refund of ALL Federal Income tax withheld because I expect to have NO tax liability.
 If you meet both conditions, enter "EXEMPT" here: _____

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's Signature: *X Zach Galligan* DATE: **6-6-12**

EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9)

LAST NAME: **GALLIGAN** FIRST: **ZACHARY** MIDDLE: **WOLFE** BIRTH NAME: _____ BIRTH DATE: **2-14-64**

STREET ADDRESS: **25 WINDMILL RD** CITY: **ARMONK** STATE: **NY** ZIP: **10504** SOCIAL SECURITY NUMBER: **071-64-8434**

I attest, under penalty of perjury, that I am (check box):

- 1. A citizen or national of the United States.
- 2. An alien lawfully admitted for permanent residence (Alien Number A _____)
- 3. An alien authorized by the immigration and Naturalization Service to work in the United States (Alien Number A _____, or Admission number _____, expiration of employment authorization, if any _____)

I attest under the penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

EMPLOYEE SIGNATURE: *X Zach Galligan* DATE: **6-6-12**

PREPARER TRANSLATOR CERTIFICATION (to be completed if prepared by person other than the employee) I attest under penalty of perjury that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.

TRANSLATOR SIGNATURE: _____ PRINT NAME: _____ ADDRESS: _____

EMPLOYER REVIEW AND VERIFICATION: Instructions: examine one document from List A and check the appropriate box or examine one document from list B and one from List C and check the appropriate boxes. Provide the Document Identification Numbers and Expiration Dates for the documents checked.

List A Documents that Establish Identity and Employment Eligibility

- 1. U.S. Passport (unexpired or expired)
- 2. Certificate of United States Citizenship
- 3. Certificate of Naturalization
- 4. Unexpired Foreign Passport with attached Employment Authorization
- 5. Alien Registration Card with Photograph

Document Identification: _____

Expiration Date: (If any) _____

List B Documents that Establish Identity

- 1. A State issued driver's license or a State issued I.D. Card with a photograph, or information, including name, sex, date of birth, height, weight and color of eyes
- 2. U.S. Military Card
- 3. For minors under the age of 16, School ID with photo
- 4. Other (Specify document and issuing authority)

Document Identification: **193 186 803**

Expiration Date: (If any) **2-14-18**

List C Documents that Establish Employment Eligibility

- 1. Original Social Security Card (other than card stating it is not valid for employment)
- 2. Birth Certificate issued by State, county or municipal authority bearing a seal or other certification
- 3. Unexpired INS Employment Authorization (Specify Form # **021-64-8434**)

Document Identification: _____

Expiration Date: (If any) _____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and to relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

X

EXAMINER'S SIGNATURE

TITLE

DATE

EMPLOYER

ABS Payroll

**Request for Taxpayer
Identification Number and Certification**

Give Form to the
requester. Do not
send to the IRS.

Name (as shown on your income tax return)
KANE HODDER

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification (required): Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

Other (see instructions) ▶

Address (number, street, and apt. or suite no.)
3701 Senda Calma

City, state, and ZIP code
Calabasas, CA 91302

List account number(s) here (optional)

Requester's name and address (optional)

Print or type
See Specific Instructions on page 2.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

5	5	7	-	0	4	-	3	0	4	9
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Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number

--	--	--	--	--	--	--	--	--	--	--

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ *Kane Hodder* Date ▶ **6/4/12**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



(818) 848-9200 (212) 675-4600

Fax: (866) 690-6361

- Change of Address (Complete Section A)
- Change of Exemptions (Complete Section A & Form W-4)
- Rate Change (Complete Section A)

SECTION A PLEASE PRINT CLEARLY OR PAYMENT COULD BE DELAYED

PRODUCTION COMPANY PICTURE/PROJECT COST CODE

H3 EXPORTS LLC

HATCHET 3

EMPLOYEE NAME HOLLY O'QUIN S.S.# 438-35-7519 START DATE 6/1 OCCUPATION STUNT DOUBLE SAG UNION

EMPLOYEE ADDRESS NO. STREET APT.# 140 Citrus Rd

CITY STATE ZIP 20125

PHONE BIRTHDAY SEX (504) 289-9068 9.4.71 M (F)

\$35.00 WILL BE CHARGED FOR REPLACEMENT CHECKS

GUARANTEED WORK HOURS Guaranteed work hours available each week are / day Overtime to be computed at base overtime rate of per hour

AGREED EMPLOYEE SIGNATURE AUTHORIZED SIGNATURE

CHECK ONE: UNION NON UNION

RATE OF PAY: \$ 268 PER: HOUR DAY WEEK

GUARANTEED HOURS PER: HOUR DAY WEEK

ADDITIONAL COMPENSATION OR DEALS:

FORM W-4 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

INSTRUCTIONS AND WORKSHEET ARE AVAILABLE FROM THE PRODUCTION OFFICE

1. Single Married Married, but withhold at higher Single rate

2. If your last name differs from your social security card, check here and call 1-800-772-1213 for more information.

Note: If married, but legally separated, or spouse is a non resident alien, check the single box.

3. Total number of allowances you are claiming 3

4. Additional amount, if any, you want withheld from each paycheck 29

5. I claim exemption from withholding for the current year of and I certify that I meet BOTH of the following conditions of the exemption:

- Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability. AND
- This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability.

If you meet both conditions, enter "EXEMPT" here.

5 99

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's Signature DATE 20.

EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9)

LAST NAME FIRST MIDDLE BIRTH NAME BIRTH DATE

OQUIN Holly G 9.4.71 9.4.71

STREET ADDRESS CITY STATE ZIP SOCIAL SECURITY NUMBER

140 Citrus Rd RR, LA 20125 438357519

I attest, under penalty of perjury, that I am (check box):

- 1. A citizen or national of the United States.
- 2. An alien lawfully admitted for permanent residence (Alien Number A _____)
- 3. An alien authorized by the immigration and Naturalization Service to work in the United States (Alien Number A _____, or Admission number _____, expiration of employment authorization, if any _____)

I attest under the penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that Federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

EMPLOYEE SIGNATURE PREPARER TRANSLATOR CERTIFICATION TRANSLATOR SIGNATURE PRINT NAME

EMPLOYER REVIEW AND VERIFICATION: Instructions: examine one document from List A and check the appropriate box or examine one document from list B and one from List C and check the appropriate boxes. Provide the Document Identification Numbers and Expiration Dates for the documents checked.

List A Documents that Establish Identity and Employment Eligibility

- 1. U.S. Passport (unexpired or expired)
- 2. Certificate of United States Citizenship
- 3. Certificate of Naturalization
- 4. Unexpired Foreign Passport with attached Employment Authorization
- 5. Alien Registration Card with Photograph

Document Identification

Expiration Date: (If any)

List B Documents that Establish Identity

- 1. A State issued driver's license or a State issued I.D. Card with a photograph, or information, including name, sex, date of birth, height, weight and color of eyes
- 2. U.S. Military Card
- 3. For minors under the age of 16, School ID with photo
- 4. Other (Specify document and issuing authority)

Document Identification

Expiration Date: (If any)

List C Documents that Establish Employment Eligibility

- 1. Original Social Security Card (other than card stating it is not valid for employment)
- 2. Birth Certificate issued by State, county or municipal authority bearing a seal or other certification
- 3. Unexpired INS Employment Authorization (Specify Form)

Document Identification

Expiration Date: (If any)

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be

EXAMINER'S SIGNATURE

TITLE

DATE

EMPLOYER



(818) 848-9200 (212) 675-4600

Fax: (866) 690-6361

- Change of Address (Complete Section A)
- Change of Exemptions (Complete Section A & Form W-4)
- Rate Change (Complete Section A)

SECTION A PLEASE PRINT CLEARLY OR PAYMENT COULD BE DELAYED

PRODUCTION COMPANY H3 EXPORTS LLC PICTURE/PROJECT HATCHET COST CODE

EMPLOYEE NAME JOHN SUDOL / JOHN MICHAEL SUDOL S.S.# 040 50 8938 START DATE 6/14/12 OCCUPATION ACTOR UNION SAC

EMPLOYEE ADDRESS NO. STREET APT.# 8511-B OLIVER AVE.

CITY STATE ZIP BATON ROUGE LA 70809

PHONE BIRTHDAY SEX (310) 1654-6839 07/11/1965 M F

\$35.00 WILL BE CHARGED FOR REPLACEMENT CHECKS

GUARANTEED WORK HOURS Guaranteed work hours available each week are / day Overtime to be computed at base overtime rate of per hour

AGREED EMPLOYEE SIGNATURE AUTHORIZED SIGNATURE

CHECK ONE: [X] UNION [] NON UNION

RATE OF PAY: \$268 PER: [] HOUR [X] DAY [] WEEK

GUARANTEED HOURS PER: [] HOUR [] DAY [] WEEK

ADDITIONAL COMPENSATION OR DEALS:

FORM W-4 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

INSTRUCTIONS AND WORKSHEET ARE AVAILABLE FROM THE PRODUCTION OFFICE

1. [X] Single [] Married [] Married, but withhold at higher Single rate Note: If married, but legally separated, or spouse is a non resident alien, check the single box 2. If your last name differs from your social security card, check here and call 1-800-773-7213 for more information.

3. Total number of allowances you are claiming: 3 4.

5. I claim exemption from withholding for the current year of and I certify that I meet BOTH of the following conditions of the exemption: Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability; AND This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability.

If you meet both conditions, enter "EXEMPT" here 5 EXEMPT Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's Signature DATE

EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9)

LAST NAME FIRST MIDDLE BIRTH NAME BIRTH DATE SUDOL JOHN M 07/11/1965

STREET ADDRESS CITY STATE ZIP SOCIAL SECURITY NUMBER

I attest, under penalty of perjury, that I am (check box):

[X] 1. A citizen or national of the United States. [] 2. An alien lawfully admitted for permanent residence (Alien Number A) [] 3. An alien authorized by the immigration and Naturalization Service to work in the United States (Alien Number A) or Admission number expiration of employment authorization, if any

I attest under the penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

EMPLOYEE SIGNATURE PREPARER TRANSLATOR CERTIFICATION (to be completed if prepared by person other than the employee) I attest under penalty of perjury that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.

DATE TRANSLATOR SIGNATURE PRINT NAME ADDRESS

EMPLOYER REVIEW AND VERIFICATION: Instructions: examine one document from List A and check the appropriate box or examine one document from List B and one from List C and check the appropriate boxes. Provide the Document Identification Numbers and Expiration Dates for the documents checked.

List A Documents that Establish Identity and Employment Eligibility 1. U.S. Passport (unexpired or expired) 2. Certificate of United States Citizenship 3. Certificate of Naturalization 4. Unexpired Foreign Passport with attached Employment Authorization 5. Alien Registration Card with Photograph Document Identification # Expiration Date: (If any)

List B Documents that Establish Identity [X] 1. A State issued driver's license or a State issued I.D. Card with a photograph, or information, including, name, sex, date of birth, height, weight and color of eyes [] 2. U.S. Military Card [] 3. For students under the age of 16, School ID with photo [] 4. Other (Specify document and issuing authority) 01049/201 Document Identification # 07/11/2014 Expiration Date: (If any)

List C Documents that Establish Employment Eligibility [X] 1. Original Social Security Card (other than card stating it is not valid for employment) [] 2. Birth Certificate issued by State, county or municipal authority bearing a seal or other certification [] 3. Unexpired INS Employment Authorization (Specify Form) # 040-50-8938 Document Identification # Expiration Date: (If any)

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be EXAMINER'S SIGNATURE TITLE DATE EMPLOYER



(818) 848-9200 (212) 675-4600

Fax: (866) 690-6361

- Change of Address (Complete Section A)
- Change of Exemptions (Complete Section A & Form W-4)
- Rate Change (Complete Section A)

SECTION A PLEASE PRINT CLEARLY OR PAYMENT COULD BE DELAYED

PRODUCTION COMPANY H3 EXPORTS LLC PICTURE/PROJECT HATCHET 3 CCST CODE

EMPLOYEE NAME JAMAL DENNIS S.S.# 436-71-4989 START DATE 6/11/12 OCCUPATION UNION SAG

EMPLOYEE ADDRESS NO. STREET APT.# 507 SPARTAN DR 4206

CITY STATE ZIP Slidell LA 70458

PHONE BIRTHDAY SEX (310) 467-7104 12-9-80 (M) F

\$35.00 WILL BE CHARGED FOR REPLACEMENT CHECKS

GUARANTEED WORK HOURS Guaranteed work hours available each week are / day Overtime to be computed at base overtime rate of per hour

AGREED EMPLOYEE SIGNATURE AUTHORIZED SIGNATURE X Jamal Dennis X

CHECK ONE: [X] UNION [] NON UNION

RATE OF PAY: \$ 268 PER: [] HOUR [X] DAY [] WEEK

GUARANTEED HOURS PER: [] HOUR [] DAY [] WEEK

ADDITIONAL COMPENSATION OR DEALS:

FORM W-4 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

INSTRUCTIONS AND WORKSHEET ARE AVAILABLE FROM THE PRODUCTION OFFICE

1. [] Single [] Married [] Married, but withhold at higher Single rate Note: If married, but legally separated, or spouse is a non resident alien, check the single box 2. If your last name differs from your social security card, check here and call 1-800-772-1213 for more information.

3. Total number of allowances you are claiming 4. Additional amount, if any, you want withheld from each paycheck 5. I claim exemption from withholding for the current year of and I certify that I meet BOTH of the following conditions of the exemption:

- Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability; AND
- This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability.

If you meet both conditions, enter "EXEMPT" here.

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's Signature X Jamal Dennis DATE 6/14/2012

EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9)

LAST NAME FIRST MIDDLE BIRTH NAME BIRTH DATE Dennis Jamal R. Jamal Dennis 12/9/1980 STREET ADDRESS CITY STATE ZIP SOCIAL SECURITY NUMBER 507 SPARTAN DR Slidell LA 70458 436-71-4989

I attest, under penalty of perjury, that I am (check box):

- 1. A citizen or national of the United States.
- 2. An alien lawfully admitted for permanent residence (Alien Number A _____, or
- 3. An alien authorized by the immigration and Naturalization Service to work in the United States (Alien Number A _____, or

Admission number _____, expiration of employment authorization, if any _____)

I attest under the penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

EMPLOYEE SIGNATURE DATE 6/14/12 PREPARER TRANSLATOR CERTIFICATION (to be completed if prepared by person other than the employee) I attest under penalty of perjury that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge. TRANSLATOR SIGNATURE PRINT NAME ADDRESS

EMPLOYER REVIEW AND VERIFICATION: Instructions: examine one document from List A and check the appropriate box or examine one document from list B and one from List C and check the appropriate boxes. Provide the Document Identification Numbers and Expiration Dates for the documents checked.

List A Documents that Establish Identity and Employment Eligibility

- 1. U.S. Passport (unexpired or expired)
- 2. Certificate of United States Citizenship
- 3. Certificate of Naturalization
- 4. Unexpired Foreign Passport with attached Employment Authorization
- 5. Alien Registration Card with Photograph

Document Identification # 007245824 Expiration Date: (if any)

List B Documents that Establish Identity

- 1. A State issued driver's license or a State issued ID. Card with a photograph, or information, including name, sex, date of birth, height, weight and color of eyes
- 2. U.S. Military Card
- 3. For minors under the age of 16, School ID with photo
- 4. Other (Specify document and issuing authority)

Document Identification # 007245824 Expiration Date: (if any)

List C Documents that Establish Employment Eligibility

- 1. Original Social Security Card (other than card stating it is not valid for employment)
- 2. Birth Certificate issued by State, county or municipal authority bearing a seal or other certification
- 3. Unexpired INS Employment Authorization (Specify Form)

436-71-4989 Document Identification # Expiration Date: (if any)

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be EXAMINER'S SIGNATURE TITLE DATE EMPLOYER



(818) 848-9200 (212) 675-4600

Fax: (866) 690-6361

- Change of Address (Complete Section A)
- Change of Exemptions (Complete Section A & Form W-4)
- Rate Change (Complete Section A)

SECTION A PLEASE PRINT CLEARLY OR PAYMENT COULD BE DELAYED

PRODUCTION COMPANY: H3 EXPORTS LLC PICTURE/PROJECT: HATCHET 3 COST CODE: _____

EMPLOYEE NAME: THOMAS HYDE S.S.#: 439-63-3290 START DATE: 6/15 OCCUPATION: Actor UNION: SAG

EMPLOYEE ADDRESS NO. STREET APT.#
4212 South Derbigny St.
 CITY STATE ZIP
New Orleans LA 70125
 PHONE BIRTHDAY SEX
(504) 723-8610 10-15-84 (M) F

CHECK ONE: UNION NON UNION

RATE OF PAY: \$ 268 PER: HOUR DAY WEEK

GUARANTEED HOURS _____ PER: HOUR DAY WEEK

\$35.00 WILL BE CHARGED FOR REPLACEMENT CHECKS

GUARANTEED WORK HOURS
 Guaranteed work hours available each week are: _____ / day
 Overtime to be computed at base overtime rate of _____ per hour

AGREED EMPLOYEE SIGNATURE: X Thomas Hyde AUTHORIZED SIGNATURE: X

FORM W-4 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

INSTRUCTIONS AND WORKSHEET ARE AVAILABLE FROM THE PRODUCTION OFFICE.

1. Single Married Married, but withheld at higher Single rate
 Note: If married, but legally separated, or spouse is a non resident alien, check the single box
2. If your last name differs from your social security card, check here and call 1-800-772-1213 for more information.

3. Total number of allowances you are claiming: 3

4. Additional amount, if any, you want withheld from each paycheck: 4

5. I claim exemption from withholding for the current year of _____ and I certify that I meet BOTH of the following conditions of the exemption:
 • Last year I had a right to a refund of ALL Federal Income tax withheld because I had NO tax liability; AND
 • This year I expect a refund of ALL Federal Income tax withheld because I expect to have NO tax liability.
 If you meet both conditions, enter "EXEMPT" here: 5

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.
 Employee's Signature: X Thomas Hyde DATE: 6-15-12 2012

EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9)

LAST NAME FIRST MIDDLE BIRTH NAME BIRTH DATE
Hyde Thomas A. Thomas Alvin Hyde 10-15-84
 STREET ADDRESS CITY STATE ZIP SOCIAL SECURITY NUMBER
4212 S. Derbigny St. New Orleans LA 70125 439-63-3290

- I attest, under penalty of perjury, that I am (check box):
 1. A citizen or national of the United States. 2. An alien lawfully admitted for permanent residence (Alien Number A _____)
 3. An alien authorized by the immigration and Naturalization Service to work in the United States (Alien Number A _____, or Admission number _____, expiration of employment authorization, if any _____)

I attest under the penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

EMPLOYEE SIGNATURE: X Thomas Hyde DATE: 6-15-2012
 PREPARER TRANSLATOR CERTIFICATION (to be completed if prepared by person other than the employee) I attest under penalty of perjury that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.
 TRANSLATOR SIGNATURE: _____ PRINT NAME: _____ ADDRESS: _____

EMPLOYER REVIEW AND VERIFICATION: Instructions: examine one document from List A and check the appropriate box or examine one document from list B and one from List C and check the appropriate boxes. Provide the Document Identification Numbers and Expiration Dates for the documents checked.

List A
 Documents that Establish Identity and Employment Eligibility

- 1. U.S. Passport (unexpired or expired)
- 2. Certificate of United States Citizenship
- 3. Certificate of Naturalization
- 4. Unexpired Foreign Passport with attached Employment Authorization
- 5. Alien Registration Card with Photograph

Document Identification: _____
 Expiration Date: (If any) _____

List B
 Documents that Establish Identity

- 1. A State issued driver's license or a State issued I.D. Card with a photograph, or information, including name, sex, date of birth, height, weight and color of eyes
- 2. U.S. Military Card
- 3. For minors under the age of 16, School ID with photo
- 4. Other (Specify document and issuing authority)

Document Identification: 008253785
 Expiration Date: (If any) 10-15-2013

List C
 Documents that Establish Employment Eligibility

- 1. Original Social Security Card (other than card stating it is not valid for employment)
- 2. Birth Certificate issued by State, county or municipal authority bearing a seal or other certification
- 3. Unexpired INS Employment Authorization (Specify Form)

Document Identification: #439-63-3290
 Expiration Date: (If any) L

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be

EXAMINER'S SIGNATURE: _____ TITLE: _____ DATE: _____ EMPLOYER: _____



(818) 848-9200 (212) 675-4600

Fax: (866) 690-6361

- Change of Address (Complete Section A)
- Change of Exemptions (Complete Section A & Form W-4)
- Rate Change (Complete Section A)

SECTION A PLEASE PRINT CLEARLY OR PAYMENT COULD BE DELAYED

PRODUCTION COMPANY H3 EXPORTS LLC PICTURE/PROJECT HATCHET 3 COST CODE

EMPLOYEE NAME ADAM GREEN S.S.# 032-62-5989 START DATE 6/15 OCCUPATION ACTOR UNION SA

EMPLOYEE ADDRESS NO. STREET APT.# 11554 HUSTON Street

CITY STATE ZIP Valley Village CA 91601

PHONE BIRTHDAY SEX (310) 922-0213 3-31-75 M F

\$35.00 WILL BE CHARGED FOR REPLACEMENT CHECKS

GUARANTEED WORK HOURS Guaranteed work hours available each week are / day Overtime to be computed at base overtime rate of per hour

AGREED EMPLOYEE SIGNATURE AUTHORIZED SIGNATURE X

CHECK ONE: UNION NON UNION RATE OF PAY: \$ 26.8 PER: HOUR DAY WEEK GUARANTEED HOURS PER: HOUR DAY WEEK ADDITIONAL COMPENSATION OR DEALS:

FORM W-4 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

INSTRUCTIONS AND WORKSHEET ARE AVAILABLE FROM THE PRODUCTION OFFICE

1. Single Married Married, but withhold at higher Single rate 2. If your last name differs from your social security card, check here

3. Total number of allowances you are claiming 4. Additional amount, if any, you want withheld from each paycheck

5. I claim exemption from withholding for the current year of and I certify that I meet BOTH of the following conditions of the exemption: Last year I had a right to a refund of ALL Federal Income tax withheld because I had NO tax liability; AND This year I expect a refund of ALL Federal Income tax withheld because I expect to have NO tax liability.

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status. Employee's Signature X DATE 20

EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9)

LAST NAME FIRST MIDDLE BIRTH NAME BIRTH DATE STREET ADDRESS CITY STATE ZIP SOCIAL SECURITY NUMBER

I attest, under penalty of perjury, that I am (check box): 1. A citizen or national of the United States. 2. An alien lawfully admitted for permanent residence (Alien Number A Admission number expiration of employment authorization, if any)

I attest under the penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

EMPLOYEE SIGNATURE DATE PREPARER TRANSLATOR CERTIFICATION (to be completed if prepared by person other than the employee) I attest under penalty of perjury that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge. TRANSLATOR SIGNATURE PRINT NAME ADDRESS

EMPLOYER REVIEW AND VERIFICATION: Instructions: examine one document from List A and check the appropriate box or examine one document from list B and one from List C and check the appropriate boxes. Provide the Document Identification Numbers and Expiration Dates for the documents checked.

List A Documents that Establish Identity and Employment Eligibility 1. U.S. Passport (unexpired or expired) 2. Certificate of United States Citizenship 3. Certificate of Naturalization 4. Unexpired Foreign Passport with attached Employment Authorization 5. Alien Registration Card with Photograph Document Identification # Expiration Date: (If any)

List B Documents that Establish Identity 1. A State issued driver's license or a State issued I.D. Card with a photograph, or information, including name, sex, date of birth, height, weight and color of eyes 2. U.S. Military Card 3. For minors under the age of 16, School ID with photo 4. Other (Specify document and issuing authority) Document Identification # Expiration Date: (If any)

List C Documents that Establish Employment Eligibility 1. Original Social Security Card (other than card stating it is not valid for employment) 2. Birth Certificate issued by State, county or municipal authority bearing a seal or other certification 3. Unexpired INS Employment Authorization (Specify Form) # Document Identification # Expiration Date: (If any)

EXAMINER'S SIGNATURE TITLE DATE EMPLOYER

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be

Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return) <i>Adam Green</i>	
Business name/disregarded entity name, if different from above <i>Adam Green Productions</i>	
Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <input type="checkbox"/> Other (see instructions) ▶	
<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) <i>11554 Huston St.</i>	Requester's name and address (optional)
City, state, and ZIP code <i>Valley Village, CA 91601</i>	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number								
20								

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ *Adam Green*

Date ▶ *6/15*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.